Atty. Docket No.: 2500 DIV 2 CON 2 DIV 3 CON 6

(203-3515 DIV 2 CON 2 DIV 3 CON6)

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Applicant(s): Peter M. Bonutti

Examiner: Matthew John Kasztejna

Serial No.:

10/743,125

Group:

Art Unit: 3739

Filed:

December 22, 2003

Dated:

November 17, 2008

For:

FLUID OPERATED RETRACTORS

Mail Stop: Amendment

Commissioner for Patents

P.O. Box 1450

Alexandria, VA 22313-1450

AMENDMENT TRANSMITTAL FORM

Sir:

Transmitted herewith is an amendment in the above-identified application.

The fee has been calculated as shown below:

| | 011 0010 | , G, G, G, G | o 0.101111 00.011 | • | | | | OTHE | HANT | |
|--|--|--------------|---------------------------------------|------------------|-------|--------------|------|------|----------------------------|--|
| | (Col. 1) CLAIMS REMAINING AFTER AMENDMENT | | (Col. 2) | (Col. 3) | SMAL | SMALL ENTITY | | | OTHER THAN SMALL ENTITY | |
| | | | HIGHEST NO. PREVIOUSLY PAID FOR | PRESENT EXTRA | RATE | ADDIT. | OR | RATE | ADDIT. FEE | |
| TOTAL | •9 | MINUS | ** 20 | = 0 | X 26. | \$ | x | 52 | \$ 0 | |
| INDEP. | • 2 | MINUS | •• з | = 0 | X 110 | \$ | × | 220 | \$ 0 | |
| □ FIRST PRESENTATION OF MULTIPLE DEP. CLAIM X 195 \$ | | | | | | | | 390 | \$ 0 | |
| | | ·. | | ADDIT. F | TOTAL | \$ -0- | OR T | OTAL | \$ 0 | |

No additional fee is required.

* If the entry in Co. 1 is less than entry in Col. 2, write "0" in Col. 3.

CERTIFICATE OF TRANSMISSION UNDER 37 C.F.R. §1.8(a)

I hereby certify that this correspondence is being transmitted on the date below with the United States Patent and Trademark Office, PO Box 1450, Alexandria, VA 22313-1450, via electronic submission,

Dated: November 17, 2008

Roberto Colon

^{**} If the "Highest No. Previously Paid for" IN THIS SPACE is less than 20, enter "20".

[&]quot;If the "Highest No. Previously Paid For" IN THIS SPACE is less than 3, enter "3".

The Highest No. Previously Paid For" (Total or indep.) is the highest number found in the appropriate box in Col. 1 of a prior amendment or the number of claims originally filed.

- [] Please charge Deposit Account No. 21-0550 in the amount of \$___.
- [] A check in the amount of \$____ is enclosed.
- [X] Please charge any deficiency as well as any other fee(s) which may become due under 37 C.F.R. § 1.16 and/or 1.17 at any time during the pendency of this application, or credit any overpayment of such fee(s) to Deposit Account No. <u>21-0550</u>. Also, in the event any extensions of time for responding are required for the pending application(s), please treat this paper as a petition to extend the time as required and charge Deposit Account No. <u>21-0550</u> therefor.

Respectfully submitted,

Roberto Colon Reg. No. 58,651

Attorney for Applicant(s)

Carter, DeLuca, Farrell & Schmidt, LLP 445 Broad Hollow Road, Suite 420 Melville, New York 11747

Tel.: (631) 501-5700 Fax: (631) 501-3526

Correspondence address:

Chief Patent Counsel
Covidien
60 Middletown Avenue
North Haven, CT 06473